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SESSION 2017

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SENATE BILL 750
Health Care Committee Substitute Adopted 6/12/18
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PROPOSED HOUSE COMMITTEE SUBSTITUTE S750-PCS45580-BP-12

Short Title: Health-Local Confinement/Vet. Controlled Sub.

(Public)

Sponsors:

Referred to:

May 29, 2018

1 A BILL TO BE ENTITLED
2 AN ACT TO ADDRESS HEALTH ISSUES IN LOCAL CONFINEMENT FACILITIES AND
3 TO ENSURE THAT STATE PRISONS ARE FULL PARTICIPANTS IN THE NC
4 HEALTH INFORMATION EXCHANGE KNOWN AS NC HEALTHCONNEX, AS
5 RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
6 HEALTH AND HUMAN SERVICES; TO AMEND THE DUTIES OF LAW
7 ENFORCEMENT OFFICERS PERTAINING TO INVOLUNTARY COMMITMENT; TO
8 AMEND THE NORTH CAROLINA CONTROLLED SUBSTANCES ACT AND THE
9 CONTROLLED SUBSTANCES REPORTING SYSTEM PERTAINING TO THE
10 PRACTICE OF VETERINARY MEDICINE; TO REQUIRE CONTINUING EDUCATION
11 FOR VETERINARIANS ON ABUSE OF CONTROLLED SUBSTANCES; TO INCLUDE
12 THE NORTH CAROLINA VETERINARY MEDICAL BOARD ON THE PRESCRIPTION
13 DRUG ABUSE ADVISORY COMMITTEE; AND TO AMEND VARIOUS BUDGET
14 PROVISIONS.

15 The General Assembly of North Carolina enacts:

16 **SECTION 1.** G.S. 153A-225 reads as rewritten:

17 "**§ 153A-225. Medical care of prisoners.**

18 (a) Each unit that operates a local confinement facility shall develop a plan for providing
19 medical care for prisoners in the facility. The plan:

- 20 (1) Shall be designed to protect the health and welfare of the prisoners and to
21 avoid the spread of contagious disease;
- 22 (2) Shall provide for medical supervision of prisoners and emergency medical
23 care for prisoners to the extent necessary for their health and welfare;
- 24 (3) Shall provide for the detection, examination and treatment of prisoners who
25 are infected with tuberculosis or venereal diseases; and
- 26 (4) May utilize Medicaid coverage for inpatient hospitalization or for any other
27 Medicaid services allowable for eligible prisoners, provided that the plan
28 includes a reimbursement process which pays to the State the State portion of
29 the costs, including the costs of the services provided and any administrative
30 costs directly related to the services to be reimbursed, to the State's Medicaid
31 program.

32 The unit shall develop the plan in consultation with appropriate local officials and organizations,
33 including the sheriff, the county physician, the local or district health director, and the local
34 medical society. The plan must be approved by the local or district health director after



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1 consultation with the area mental health, developmental disabilities, and substance abuse
2 authority, if it is adequate to protect the health and welfare of the prisoners. Upon a determination
3 that the plan is adequate to protect the health and welfare of the prisoners, the plan must be
4 adopted by the governing body.

5 As a part of its plan, each unit may establish fees of not more than twenty dollars (\$20.00)
6 per incident for the provision of nonemergency medical care to prisoners and a fee of not more
7 than ten dollars (\$10.00) for a 30-day supply or less of a prescription drug. In establishing fees
8 pursuant to this section, each unit shall establish a procedure for waiving fees for indigent
9 prisoners.

10 (b) If a prisoner in the custody of a local confinement facility dies, the medical examiner
11 and the coroner shall be notified ~~immediately~~, immediately, regardless of the physical location
12 of the prisoner at the time of death. Within five days after the day of the death, the administrator
13 of the facility shall make a written report to the local or district health director and to the Secretary
14 of Health and Human Services. The report shall be made on forms developed and distributed by
15 the Department of Health and Human Services.

16 (b1) Whenever a local confinement facility transfers a prisoner from that facility to another
17 local confinement facility, the transferring facility shall provide the receiving facility with any
18 health information or medical records the transferring facility has in its possession pertaining to
19 the transferred prisoner.

20 (c) If a person violates any provision of this section (including the requirements regarding
21 G.S. 130-97 and 130-121), he is guilty of a Class 1 misdemeanor."

22 **SECTION 2.** Consistent with the requirements of G.S. 153A-216(3) and
23 G.S. 153A-221, the Department of Health and Human Services shall study how to improve
24 prisoner health screening with a goal of improving the determination that a prisoner in a local
25 confinement facility has been prescribed life-saving prescription medications and a process to
26 ensure the timely administration of those prescription medications by appropriate personnel. On
27 or before November 1, 2018, the Department shall provide a report on this study to the Joint
28 Legislative Oversight Committee on Health and Human Services.

29 **SECTION 3.(a)** The Department of Health and Human Services and the Government
30 Data Analytics Center within the Department of Information Technology shall jointly collaborate
31 with organizations representing local government and local law enforcement to explore
32 participation by local confinement facilities in the North Carolina Health Information Exchange
33 Network (HIE Network), known as NC HealthConnex, in order to facilitate the secure electronic
34 transmission of individually identifiable health information pertaining to prisoners in the custody
35 of local confinement facilities.

36 **SECTION 3.(b)** The Department of Public Safety, the Department of Health and
37 Human Services, and the Government Data Analytics Center within the Department of
38 Information Technology shall work collaboratively to ensure North Carolina prison facilities are
39 full participants in the HIE Network, known as NC HealthConnex, in order to facilitate the secure
40 electronic transmission of individually identifiable health information pertaining to inmates in
41 the custody of the Division of Adult Correction and Juvenile Justice of the Department of Public
42 Safety.

43 **SECTION 3.(c)** On or before October 1, 2018, the Department of Health and Human
44 Services and the Government Data Analytics Center within the Department of Information
45 Technology shall provide an interim report to the Joint Legislative Oversight Committee on
46 Health and Human Services on the actions required by this section. On or before October 1, 2019,
47 the Department of Health and Human Services and the Government Data Analytics Center within
48 the Department of Information Technology shall provide a final report to the Joint Legislative
49 Oversight Committee on Health and Human Services on the actions required by this section.

50 **SECTION 3.1.** Section 35.21 of S.L. 2018-5, as amended by Section 8.2(a) of Senate
51 Bill 335, 2017 Regular Session, if it becomes law, reads as rewritten:

1 "SECTION 35.21.(a) Effective July 1, 2018, the annual salaries of ~~Correctional Officers~~
2 ~~and other staff certified by the Criminal Justice Education and Training Standards Commission in~~
3 ~~the Department of Public Safety, Division of Adult Correction (Division), in effect on June 30,~~
4 ~~2018, shall be legislatively increased by four percent (4%). Employees in the following positions~~
5 ~~are eligible to receive the increases provided by this section: all State employees employed in~~
6 ~~positions based in State adult correctional facilities in effect on June 30, 2018, shall be~~
7 ~~legislatively increased by four percent (4%).~~

- 8 (1) ~~Correctional officers.~~
- 9 (2) ~~Custody supervisors.~~
- 10 (3) ~~Prison facility administrators.~~
- 11 (4) ~~Food service officers and managers.~~
- 12 (5) ~~Case managers.~~
- 13 (6) ~~Correctional Programs personnel.~~

14 "~~SECTION 35.21.(a1)~~ Effective July 1, 2018, the annual salaries of facility maintenance
15 and technician personnel in the Division budgeted in Fund Code 14550-1310, in effect on June
16 30, 2018, shall be legislatively increased by four percent (4%).

17 "SECTION 35.21.(a2) The budgeted salaries of vacant positions in the categories listed
18 above are eligible to receive the four percent (4%) increase and the budgeted salaries shall be
19 adjusted accordingly. There is appropriated from the General Fund to the Department of Public
20 Safety, Division of Adult Correction, the sum of ~~one million two hundred forty seven thousand~~
21 ~~four hundred eighty eight dollars (\$1,247,488)~~ four million eight hundred thirteen thousand one
22 hundred eighty-four dollars (\$4,813,184) for the 2018-2019 fiscal year to support these increases.

23 "SECTION 35.21.(b) The Division shall establish the following minimum salaries for
24 Correctional Officer position classifications, effective July 1, 2018:

- 25 (1) Correctional Officer I – \$33,130.
- 26 (2) Correctional Officer II – \$34,220.
- 27 (3) Correctional Officer III – \$36,598."

28 SECTION 3.2.(a) If Senate Bill 630, 2018 Regular Session, becomes law, then
29 G.S. 122C-263(a), as enacted by Section 24 of that bill, reads as rewritten:

30 "(a) Without unnecessary delay after assuming custody, the law enforcement officer or
31 the individual designated by the clerk or magistrate under G.S. 122C-251(g) required to provide
32 transportation pursuant to G.S. 122C-251(g) shall take the respondent to ~~an area a facility for~~
33 ~~examination by a physician or eligible psychologist; if a physician or eligible psychologist, or~~
34 ~~other location identified by the LME/MCO in the community crisis services plan adopted~~
35 ~~pursuant to G.S. 122C-202.2 that has an available commitment examiner and is capable of~~
36 ~~performing a first examination in conjunction with a health screening at the same location, unless~~
37 ~~circumstances indicate the respondent appears to be suffering a medical emergency in which case~~
38 ~~the law enforcement officer will seek immediate medical assistance for the respondent. If a~~
39 ~~commitment examiner is not available in the area facility, available, whether on-site, on-call, or~~
40 ~~via telemedicine, at any facility or location, or if a plan has not been adopted, the person~~
41 ~~designated to provide transportation shall take the respondent to an alternative non-hospital~~
42 ~~provider or facility-based crisis center for a first examination in conjunction with a health~~
43 ~~screening at the same location. If no non-hospital provider or facility-based crisis center for a~~
44 ~~first examination in conjunction with a health screening at the same location for health screening~~
45 ~~and first examination exists, the person designated to provide transportation shall take the~~
46 ~~respondent to any physician or eligible psychologist locally available, a private hospital or clinic,~~
47 ~~a general hospital, an acute care hospital, or a State facility for the mentally ill. If a physician or~~
48 ~~eligible psychologist commitment examiner is not immediately available available, the~~
49 respondent may be temporarily detained in an area facility, if one is available; if an area facility
50 is not available, the respondent may be detained under appropriate supervision in the respondent's
51 home, in a private hospital or a clinic, in a general hospital, or in a State facility for the mentally

1 ill, but not in a jail or other penal facility. For the purposes of this section, "non-hospital provider"
2 means an outpatient provider that provides either behavioral health or medical services."

3 **SECTION 3.2.(b)** If Senate Bill 630, 2018 Regular Session, becomes law, then
4 G.S. 122C-283(a), as enacted by Section 34 of that bill, reads as rewritten:

5 "(a) Without unnecessary delay after assuming custody, the ~~law enforcement~~ law
6 enforcement officer or the individual designated by the clerk or magistrate or required to provide
7 transportation under G.S. 122C-251(g) to provide transportation shall take the respondent to an
8 area facility for examination by a physician or eligible psychologist if a physician or eligible
9 psychologist is not available in the area facility, he shall take the respondent to any physician or
10 eligible psychologist locally available, or other location identified by the LME/MCO in the
11 community crisis services plan adopted pursuant to G.S. 122C-202.2 that has an available
12 commitment examiner and is capable of performing a first examination in conjunction with a
13 health screening in the same location, unless circumstances indicate the respondent appears to be
14 suffering a medical emergency in which case the law enforcement officer will seek immediate
15 medical assistance for the respondent. If a commitment examiner is not available, whether
16 on-site, on-call, or via telemedicine, at any facility or location, or if a plan has not been adopted,
17 the person designated to provide transportation shall take the respondent to an alternative
18 non-hospital provider or facility-based crisis center for a first examination in conjunction with a
19 health screening at the same location. If no non-hospital provider or facility-based crisis center
20 for a first examination in conjunction with a health screening at the same location, the person
21 designated to provide transportations shall take the respondent to a private hospital or clinic, a
22 general hospital, an acute care hospital, or a State facility for the mentally ill. If a ~~physician or~~
23 eligible psychologist commitment examiner is not immediately available, the respondent may be
24 temporarily detained in an area facility if one is available; if an area facility is not available, he
25 may be detained under appropriate supervision, in his home, in a private hospital or a clinic, or
26 in a general hospital, but not in a jail or other penal facility. For the purposes of this section,
27 "non-hospital provider" means an outpatient provider that provides either behavioral health or
28 medical services."

29 **SECTION 3.2.(c)** This section becomes effective October 1, 2019, and applies to
30 proceedings initiated on or after that date.

31 **SECTION 4.** G.S. 90-113.74C reads as rewritten:

32 **"§ 90-113.74C. Practitioner use of controlled substances reporting system; mandatory**
33 **reporting of violations.**

34 (a) Prior to initially prescribing a targeted controlled substance to a patient, a practitioner
35 shall review the information in the controlled substances reporting system pertaining to the
36 patient for the 12-month period preceding the initial prescription. For every subsequent
37 three-month period that the targeted controlled substance remains a part of the patient's medical
38 care, the practitioner shall review the information in the controlled substances reporting system
39 pertaining to the patient for the 12-month period preceding the determination that the targeted
40 controlled substance should remain a part of the patient's medical care. Each instance in which
41 the practitioner reviews the information in the controlled substances reporting system pertaining
42 to the patient shall be documented in the patient's medical record. In the event the practitioner is
43 unable to review the information in the controlled substances reporting system pertaining to the
44 patient because the system is not operational or there is some other temporary electrical or
45 technological failure, this inability shall be documented in the patient's medical record. Once the
46 electrical or technological failure has been resolved, the practitioner shall review the information
47 in the controlled substances reporting system pertaining to the patient and the review shall be
48 documented in the patient's medical record.

49 (b) A practitioner may, but is not required to, review the information in the controlled
50 substances reporting system pertaining to a patient prior to prescribing a targeted controlled
51 substance to the patient in any of the following circumstances:

- 1 (1) The controlled substance is to be administered to a patient in a health care
2 setting, hospital, nursing home, outpatient dialysis facility, or residential care
3 facility, as defined in G.S. 14-32.2.
- 4 (2) The controlled substance is prescribed for the treatment of cancer or another
5 condition associated with cancer.
- 6 (3) The controlled substance is prescribed to a patient in hospice care or palliative
7 care.

8 (c) The Department shall conduct periodic audits of the review of the controlled
9 substances reporting system by prescribers. The Department shall determine a system for
10 selecting a subset of prescriptions to examine during each auditing period. The Department shall
11 report to the appropriate licensing board any prescriber found to be in violation of this section.
12 A violation of this section may constitute cause for the licensing board to suspend or revoke a
13 prescriber's license.

14 (d) For purposes of this section, a "practitioner" does not include a person licensed to
15 practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes."

16 **SECTION 5.** G.S. 90-106(a1) reads as rewritten:

17 "(a1) Electronic Prescription Required; Exceptions. – Unless otherwise exempted by this
18 subsection, a practitioner shall electronically prescribe all targeted controlled substances. This
19 subsection does not apply to prescriptions for targeted controlled substances issued by any of the
20 following:

- 21 (1) A practitioner, other than a pharmacist, who dispenses directly to an ultimate
22 user.
- 23 (2) A practitioner who orders a controlled substance to be administered in a
24 hospital, nursing home, hospice facility, outpatient dialysis facility, or
25 residential care facility, as defined in G.S. 14-32.2.
- 26 (3) A practitioner who experiences temporary technological or electrical failure
27 or other extenuating circumstance that prevents the prescription from being
28 transmitted electronically; provided, however, that the practitioner documents
29 the reason for this exception in the patient's medical record.
- 30 (4) A practitioner who writes a prescription to be dispensed by a pharmacy
31 located on federal property; provided, however, that the practitioner
32 documents the reason for this exception in the patient's medical record.
- 33 (5) A person licensed to practice veterinary medicine pursuant to Article 11 of
34 Chapter 90 of the General Statutes. A person licensed to practice veterinary
35 medicine pursuant to Article 11 of Chapter 90 of the General Statutes may
36 continue to prescribe targeted controlled substances from valid written, oral,
37 or facsimile prescriptions that are otherwise consistent with applicable laws."

38 **SECTION 6.** G.S. 90-113.73 reads as rewritten:

39 **"§ 90-113.73. Requirements for controlled substances reporting system; civil penalties for**
40 **failure to properly report.**

41 (a) The Department shall establish and maintain a reporting system of prescriptions for
42 all Schedule II through V controlled substances. Each dispenser shall submit the information in
43 accordance with transmission methods and frequency established by rule by the Commission.
44 The Department may issue a waiver to a dispenser who is unable to submit prescription
45 information by electronic means. The waiver may permit the dispenser to submit prescription
46 information by paper form or other means, provided all information required of electronically
47 submitted data is submitted. The dispenser shall report the information required under this section
48 no later than the close of the next business day after the prescription is delivered; however,
49 dispensers are encouraged to report the information no later than 24 hours after the prescription
50 was delivered. The information shall be submitted in a format as determined annually by the
51 Department based on the format used in the majority of the states operating a controlled

1 substances reporting system. In the event the dispenser is unable to report the information within
2 the time frame required by this section because the system is not operational or there is some
3 other temporary electrical or technological failure, this inability shall be documented in the
4 dispenser's records. Once the electrical or technological failure has been resolved, the dispenser
5 shall promptly report the information.

6 (b) The Commission shall adopt rules requiring dispensers to report the following
7 information. The Commission may modify these requirements as necessary to carry out the
8 purposes of this Article. The dispenser shall report:

9 (1) The dispenser's DEA number.

10 (2) The name of the patient for whom the controlled substance is being dispensed,
11 and the patient's:

12 a. Full address, including city, state, and zip code,

13 b. Telephone number, and

14 c. Date of birth.

15 (3) The date the prescription was written.

16 (4) The date the prescription was filled.

17 (5) The prescription number.

18 (6) Whether the prescription is new or a refill.

19 (7) Metric quantity of the dispensed drug.

20 (8) Estimated days of supply of dispensed drug, if provided to the dispenser.

21 (9) National Drug Code of dispensed drug.

22 (10) Prescriber's DEA number.

23 (11) Method of payment for the prescription.

24 (c) A dispenser shall not be required to report instances in which a controlled substance
25 is provided directly to the ultimate user and the quantity provided does not exceed a 48-hour
26 supply.

27 (d) A dispenser shall not be required to report instances in which a Schedule V
28 non-narcotic, non-anorectic Schedule V controlled substance is provided directly to the ultimate
29 user for the purpose of assessing a therapeutic response when prescribed according to indications
30 approved by the United States Food and Drug Administration.

31 (e) The Department shall assess, against any pharmacy that employs dispensers found to
32 have failed to report information in the manner required by this section within a reasonable period
33 of time after being informed by the Department that the required information is missing or
34 incomplete, a civil penalty of not more than one hundred dollars (\$100.00) for a first violation,
35 two hundred fifty dollars (\$250.00) for a second violation, and five hundred dollars (\$500.00)
36 for each subsequent violation if the pharmacy fails to report as required under this section, up to
37 a maximum of five thousand dollars (\$5,000) per pharmacy per calendar year. Each day of a
38 continuing violation shall constitute a separate violation. A pharmacy acting in good faith that
39 attempts to report the information required by this section shall not be assessed any civil penalty.
40 The clear proceeds of penalties assessed under this section shall be deposited to the Civil Penalty
41 and Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes.
42 The Commission shall adopt rules to implement this subsection that include factors to be
43 considered in determining the amount of the penalty to be assessed.

44 (f) For purposes of this section, a "dispenser" includes a person licensed to practice
45 veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes when that person
46 dispenses any Schedule II through V controlled substances. Notwithstanding subsection (b) of
47 this section, the Commission shall adopt rules requiring the information to be reported by a
48 person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the
49 General Statutes.

1 (g) A person licensed to practice veterinary medicine pursuant to Article 11 of Chapter
2 90 of the General Statutes may submit prescription information by paper form or other means,
3 provided all information required of electronically submitted data is submitted."

4 **SECTION 7.** G.S. 90-106 reads as rewritten:

5 **"§ 90-106. Prescriptions and labeling.**

6 ...

7 (a3) **Limitation on Prescriptions Upon Initial Consultation for Acute Pain.** – A practitioner
8 may not prescribe more than a five-day supply of any targeted controlled substance upon the
9 initial consultation and treatment of a patient for acute pain, unless the prescription is for
10 post-operative acute pain relief for use immediately following a surgical procedure. A
11 practitioner shall not prescribe more than a seven-day supply of any targeted controlled substance
12 for post-operative acute pain relief immediately following a surgical procedure. Upon any
13 subsequent consultation for the same pain, the practitioner may issue any appropriate renewal,
14 refill, or new prescription for a targeted controlled substance. This subsection does not apply to
15 prescriptions for controlled substances issued by a practitioner who orders a controlled substance
16 to be wholly administered in a hospital, nursing home licensed under Chapter 131E of the General
17 Statutes, hospice facility, or residential care facility, as defined in G.S. 14-32.2(c1). This
18 subsection does not apply to prescriptions for controlled substances issued by a practitioner who
19 orders a controlled substance to be wholly administered in an emergency facility, veterinary
20 hospital, or animal hospital, as defined in G.S. 90-181.1. A practitioner who acts in accordance
21 with the limitation on prescriptions as set forth in this subsection shall be immune from any civil
22 liability or disciplinary action from the practitioner's occupational licensing agency for acting in
23 accordance with this subsection.

24 (a4) **Definitions.** – As used in this subsection, the following terms have the following
25 meanings:

- 26 (1) **Acute pain.** – Pain, whether resulting from disease, accident, intentional
27 trauma, or other cause, that the practitioner reasonably expects to last for three
28 months or less. The term does not include chronic pain or pain being treated
29 as part of cancer care, hospice care, palliative care, or medication-assisted
30 treatment for substance use disorder. The term does not include pain being
31 treated as part of cancer care, hospice care, or palliative care provided by a
32 person licensed to practice veterinary medicine pursuant to Article 11 of
33 Chapter 90 of the General Statutes.
34 (2) **Chronic pain.** – Pain that typically lasts for longer than three months or that
35 lasts beyond the time of normal tissue healing.
36 (3) **Surgical procedure.** – A procedure that is performed for the purpose of
37 structurally altering the human body by incision or destruction of tissues as
38 part of the practice of ~~medicine~~ medicine or a procedure that is performed for
39 the purpose of structurally altering the animal body by incision or destruction
40 of tissues as part of the practice of veterinary medicine. This term includes the
41 diagnostic or therapeutic treatment of conditions or disease processes by use
42 of instruments such as lasers, ultrasound, ionizing, radiation, scalpels, probes,
43 or needles that cause localized alteration or transportation of live human ~~tissue~~
44 tissue, or live animal tissue in the practice of veterinary medicine, by cutting,
45 burning, vaporizing, freezing, suturing, probing, or manipulating by closed
46 reduction for major dislocations and fractures, or otherwise altering by any
47 mechanical, thermal, light-based, electromagnetic, or chemical means.

48 "

49 **SECTION 8.** Section 12F.16(b) of S.L. 2015-241 reads as rewritten:

1 "SECTION 12F.16.(b) The following health care provider occupational licensing boards
2 shall require continuing education on the abuse of controlled substances as a condition of license
3 renewal for health care providers who prescribe controlled substances:

- 4 (1) North Carolina Board of Dental Examiners.
- 5 (2) North Carolina Board of Nursing.
- 6 (3) North Carolina Board of Podiatry Examiners.
- 7 (4) North Carolina Medical Board.
- 8 (5) North Carolina Veterinary Medical Board.

9 SECTION 9. Section 12F.16(m) of S.L. 2015-241, as amended by Section 4.5 of
10 S.L. 2015-268, reads as rewritten:

11 "SECTION 12F.16.(m) There is hereby created the Prescription Drug Abuse Advisory
12 Committee, to be housed in and staffed by the Department of Health and Human Services
13 (DHHS). The Committee shall develop and, through its members, implement a statewide
14 strategic plan to combat the problem of prescription drug abuse. The Committee shall include
15 representatives from the following, as well as any other persons designated by the Secretary of
16 Health and Human Services:

- 17 (1) The Division of Medical Assistance, DHHS.
- 18 (2) The Division of Mental Health, Developmental Disabilities, and Substance
19 Abuse Services, DHHS.
- 20 (3) The Division of Public Health, DHHS.
- 21 (4) The Office of Rural Health, DHHS.
- 22 (5) The State Bureau of Investigation.
- 23 (6) The Attorney General's Office.
- 24 (7) The following health care regulatory boards with oversight of prescribers and
25 dispensers of prescription drugs:
 - 26 a. North Carolina Board of Dental Examiners.
 - 27 b. North Carolina Board of Nursing.
 - 28 c. North Carolina Board of Podiatry Examiners.
 - 29 d. North Carolina Medical Board.
 - 30 e. North Carolina Board of Pharmacy.
 - 31 f. North Carolina Veterinary Medical Board.
- 32 (8) The UNC Injury Prevention Research Center.
- 33 (9) The substance abuse treatment community.
- 34 (10) Governor's Institute on Substance Abuse, Inc.
- 35 (11) The Department of Insurance's drug take-back program.

36 After developing the strategic plan, the Committee shall be the State's steering committee to
37 monitor achievement of strategic objectives and receive regular reports on progress made toward
38 reducing prescription drug abuse in North Carolina."

39 SECTION 9.2. Section 35.28(a) of S.L. 2016-94 reads as rewritten:

40 "SECTION 35.28.(a) Notwithstanding G.S. 136-18(8) and any other State law to the
41 contrary, the Department of Transportation shall designate the portion of Interstate 40 in North
42 Carolina from mile marker ~~385~~380 to mile marker ~~390~~385 the "Senator Wendell Holmes
43 Murphy, Sr. Freeway."

44 SECTION 9.5. Section 38.9(b) of S.L. 2018-5 reads as rewritten:

45 "SECTION 38.9.(b) This section is effective for taxes imposed for taxable years beginning
46 on or after July 1, ~~2018~~2017."

47 SECTION 10. Section 5 of this act becomes effective January 1, 2020. Section 6 of
48 this act becomes effective January 1, 2019. G.S. 90-113.73(g), as enacted by Section 6 of this
49 act, expires effective October 1, 2019. Section 8 of this act is effective when it becomes law and
50 applies to renewal applications received in 2020. The remainder of this act is effective when it
51 becomes law.